



TOC-103-US

Docket No. Q77064

SUPPLEMENTALDECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

- As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR PRODUCING HINGE-LID BOXES

the application of which

 is attached hereto

OR

X was filed on August 28, 2003, as United States Application Number 10/649,769 or PCT International Application Number (Confirmation No. _____), and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date	Priority Claimed Yes	No
102 41 798.9	Germany	September 6, 2002	X	<input type="checkbox"/>

I hereby claim benefit under 35 United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
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I hereby claim benefit under 35 United States Code §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)	US. or International Filing Date	Status

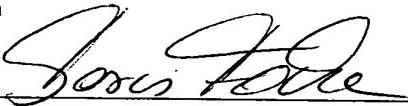
I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:			
Given Name (first and middle [if any]) Heinz		Family Name or Surname FOCKE (deceased)	
Inventor's Signature		Date	
Residence: City Verden	State	Country Germany	Citizenship German
Mailing Address: Moorstrasse 64			
City Verden	State	Zip 27283	Country Germany
Legal Representatives of Deceased Inventor, Heinz FOCKE:			
Jurgen Focke Burgberg 18 27283 Verden, GERMANY		Date: <u>16. Mai 2004</u>	
Citizenship: German			
		Date: <u>16. Mai 2004</u>	
Doris Focke Moorstrasse 64 27283 Verden, GERMANY			
Citizenship: German			
NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]) Thomas		Family Name or Surname HÄFKER	
Inventor's Signature		Date	
Residence: City Langwedel	State	Country Germany	Citizenship German
Mailing Address: Paschkebergstrasse 24			
City Langwedel	State	Zip 27299	Country Germany
NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence:	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country

JUN 8 9 2004

TOE 703-05
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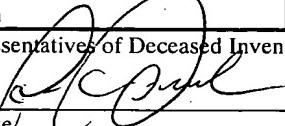
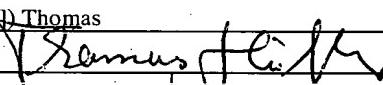
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Given Name (first and middle [if any]) Heinz		Family Name or Surname FOCKE (deceased)	
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Mailing Address: Moorstrasse 64			
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Legal Representatives of Deceased Inventor, Heinz FOCKE:			
		Date: 23. Jan. 2004	
Jurgen Focke Burgberg 18 27283 Verden, GERMANY			
		Date: 23. Jan. 2004	
Doris Focke Moorstrasse 64 27283 Verden, GERMANY			
NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any]) Thomas		Family Name or Surname HÄFKER	
Inventor's Signature 		Date 26. Jan. 2004	
Residence: City Langwedel	State	Country Germany	Citizenship German
Mailing Address: Paschkebergstrasse 24			
City Langwedel	State	Zip 27299	Country Germany
NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence:	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country